



# BC PALLIATIVE CARE BENEFITS REGISTRATION

For PharmaCare Plan P drug coverage and assessment for medical supplies/equipment

1. Complete every section of pages 1 and 2. See page 3 for general information.
2. Have a care plan conversation with your patient. The My Voice Advance Care Planning Guide is available in several languages and as a video at: [www.gov.bc.ca/gov/content/family-social-supports/seniors/health-safety/advance-care-planning](http://www.gov.bc.ca/gov/content/family-social-supports/seniors/health-safety/advance-care-planning)
3. Give your patient this information sheet: [www.gov.bc.ca/pharmacare/palliativecarebenefitpatientinfo.pdf](http://www.gov.bc.ca/pharmacare/palliativecarebenefitpatientinfo.pdf)

<input type="radio"/> <b>New patient</b> <input type="radio"/> <b>Reassessment (required after 12 months)</b> <input type="radio"/> <b>Cancellation (patient no longer qualifies) – complete Step 1 and Step 3 only</b>				
<b>STEP 1 - PATIENT INFORMATION</b>				
Last Name		First Name		Middle Name (Optional)
Personal Health Number (PHN)	Date of Birth (yyyy / mm / dd)	Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> _____		
Telephone Number (include area code)	Mailing Address			
<b>STEP 2 - CHECK 2 OR MORE GENERAL INDICATORS OF POOR OR DETERIORATING HEALTH</b>				
Source: <a href="http://www.spict.org.uk/">www.spict.org.uk/</a>				
<input type="checkbox"/> Unplanned hospital admission(s) <input type="checkbox"/> Performance status is poor or deteriorating, with limited reversibility (e.g., stays in bed or a chair half the day or more) <input type="checkbox"/> Depends on others for care due to increasing physical and/or mental health problems <input type="checkbox"/> The person's carer needs more help and support <input type="checkbox"/> Progressive weight loss; remains underweight; low muscle mass <input type="checkbox"/> Persistent symptoms despite optimal treatment of underlying condition(s) <input type="checkbox"/> Person (or family) asks for palliative care; chooses to reduce, stop or not have treatment; or wishes to focus on quality of life				
<b>STEP 3 - CHECK 1 OR MORE CLINICAL INDICATORS OF LIFE-LIMITING CONDITIONS</b>				
<b>Cancer</b> (source: <a href="http://www.spict.org.uk/">www.spict.org.uk/</a> ) <input type="checkbox"/> Functional ability deteriorating due to progressive cancer <input type="checkbox"/> Too frail for cancer treatment or treatment is for symptom control		<b>Dementia/Frailty</b> <input type="checkbox"/> Unable to dress, walk or eat without help <input type="checkbox"/> Eating and drinking less; difficulty with swallowing <input type="checkbox"/> Urinary or fecal incontinence <input type="checkbox"/> Not able to communicate by speaking; little social interaction <input type="checkbox"/> Frequent falls; fractured femur <input type="checkbox"/> Recurrent febrile episodes or infections; aspiration pneumonia		
<b>Heart/Vascular Disease</b> <input type="checkbox"/> Heart failure or extensive, untreatable coronary artery disease, with breathlessness or chest pain at rest or on minimal effort <input type="checkbox"/> Severe, inoperable peripheral vascular disease		<b>Kidney Disease</b> <input type="checkbox"/> Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min) with deteriorating health <input type="checkbox"/> Kidney failure complicating other life-limiting conditions or treatments <input type="checkbox"/> Stopping or not starting dialysis		
<b>Neurological Disease</b> <input type="checkbox"/> Progressive deterioration in physical and/or cognitive function despite optimal therapy <input type="checkbox"/> Speech problems with increasing difficulty communicating and/or progressive difficulty with swallowing <input type="checkbox"/> Recurrent aspiration pneumonia; breathless or respiratory failure <input type="checkbox"/> Persistent paralysis after stroke with significant loss of function and ongoing disability		<b>Liver Disease</b> <input type="checkbox"/> Cirrhosis with one or more of these complications in the past year: diuretic resistant ascites; hepatic encephalopathy; hepatorenal syndrome; bacterial peritonitis; recurrent variceal bleeds <input type="checkbox"/> Liver transplant is not possible		
<b>Respiratory Disease</b> <input type="checkbox"/> Severe, chronic lung disease; with breathlessness at rest or on minimal effort between exacerbations <input type="checkbox"/> Persistent hypoxia needing long-term oxygen therapy <input type="checkbox"/> Has needed ventilation for respiratory failure, or ventilation is contraindicated		<b>Other Conditions</b> <input type="checkbox"/> Deteriorating with other conditions, multiple conditions and/or complications that are not reversible; best available treatment has a poor outcome		

Patient Name	Personal Health Number (PHN)
--------------	------------------------------

STEP 4 - DIAGNOSIS CERTIFIED BY MEDICAL/NURSE PRACTITIONER	
Primary Diagnosis	<p>I certify the patient meets all 4 eligibility criteria for BC Palliative Care BENEFITS (check each box)</p> <p><input type="checkbox"/> They are diagnosed with a life-threatening illness or condition</p> <p><input type="checkbox"/> They wish to receive palliative care at home (defined on p. 3)</p> <p><input type="checkbox"/> They consent to a focus on palliative care rather than treatment toward a cure</p> <p><input type="checkbox"/> Their life expectancy is up to 6 months</p>

STEP 5 - MEDICAL/NURSE PRACTITIONER INFORMATION					
Name and Mailing Address	<p>▶ Signature of Medical/Nurse Practitioner to certify patient eligibility</p>				
	<table border="1"> <tr> <td>Practitioner College ID Number</td> <td>Date (yyyy / mm / dd)</td> </tr> <tr> <td>Practitioner Tel Number (with area code)</td> <td>Practitioner Fax Number</td> </tr> </table>	Practitioner College ID Number	Date (yyyy / mm / dd)	Practitioner Tel Number (with area code)	Practitioner Fax Number
Practitioner College ID Number	Date (yyyy / mm / dd)				
Practitioner Tel Number (with area code)	Practitioner Fax Number				

STEP 6 - PATIENT CONSENT		
I consent to registering for drug coverage and an assessment of medical equipment and supply needs.		
▶ Signature of Patient	Date Signed (yyyy / mm / dd)	
OR, if patient is unable to sign:		
▶ Signature of Legal Representative or Practitioner	Date Signed (yyyy / mm / dd)	Phone Number (include area code)
Last Name (print or type)	First Name (print or type)	Relationship to Patient

**SUBMISSION INSTRUCTIONS**

Fax both page 1 and page 2 to two locations:

- One copy** to 250-405-3587 (Health Insurance BC, for drug coverage)
- One copy** to the local home and community care office, for equipment assessment

For fax number, call HealthLink BC at 811 or search for "home and community care" at [www.healthlinkbc.ca/health-services/search-services-your-area](http://www.healthlinkbc.ca/health-services/search-services-your-area)

NOTE:  
Set your fax machine to show faxes are received (Menu>Auto print>TX report). Do not fax form more than once to each location.

**Unsure if your patient is registered?** Call the Palliative Care Confirmation Line at 250-405-3612 (medical/nurse practitioners only). You must provide your college ID (not billing #) to receive information.

Personal information on this form is collected under the authority of s.22 of the *Pharmaceutical Services Act* for the operation of the Ministry of Health BC Palliative Care Benefits Program (Plan P). Personal information will be collected for the purpose of determining eligibility for enrolment in Plan P. Personal information will be released to PharmaCare for the provision of drug benefits and, when necessary, to the local Home and Community Care office for the determination of medical supplies and equipment needs. If you or the applicant have questions about the collection of personal information on this form, contact the Health Insurance BC (HIBC) Chief Privacy Officer at PO Box 9035 STN Prov Govt, Victoria BC V8W 9E3; or call 604 683-7151 (Vancouver) or 1 800 663-7100 (toll free). This information will be collected, used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act* and the *Pharmaceutical Services Act*.

## ABOUT BC PALLIATIVE CARE BENEFITS

### Who is eligible?

Any B.C. resident who:

- is diagnosed with a life-threatening illness or condition, and
- has a life expectancy of up to 6 months, and
- consents to the focus of care being palliative rather than treatment towards a cure, and
- wishes to receive palliative care at home. “Home” for these purposes means where the person is living. This can be their own home; with family or friends; in a supportive/assisted living residence; or in a residential care facility (e.g., a community hospice bed that is not covered under PharmaCare Plan B).

### What will be covered?

The BC Palliative Care Drug Plan covers 100% of the eligible cost of prescriptions and over-the-counter (OTC) medications in the Plan P formulary. “Eligible costs” include the drug cost (up to a maximum recognized by PharmaCare) and dispensing fee (up to \$10). If a pharmacy charges more than the maximums, the patient may be required to pay the extra costs.

Practitioners must prescribe items in the Plan P formulary for the patient to receive coverage. Medications not in the formulary may be covered under the patient’s usual PharmaCare plan (e.g., Fair PharmaCare, Plan C).

A health professional from the local home and community care office will contact the patient to assess their need for palliative supplies and equipment. A list of available supplies and equipment is linked below.

### When will coverage begin?

Drug coverage begins as soon as the registration is processed (normally within 24 hours). Coverage of medical supplies and equipment begins after the patient’s needs have been assessed by home and community care staff.

### Need more information?

For BC Palliative Care Drug Plan, contact:

- (604) 683-7151 (Vancouver/Lower Mainland), or
- 1-800-663-7100 (elsewhere in B.C., toll-free)

For palliative medical supplies and equipment, contact your local home and community care office. You can get contact information at:

- HealthLink BC (phone 8-1-1), or
- [www.healthlinkbc.ca/health-services/search-services-your-area](http://www.healthlinkbc.ca/health-services/search-services-your-area) (search for “home and community care”)

### LINKS

- My Voice Advance Care Planning Guide, available in several languages at: [www.gov.bc.ca/gov/content/family-social-supports/seniors/health-safety/advance-care-planning](http://www.gov.bc.ca/gov/content/family-social-supports/seniors/health-safety/advance-care-planning)
- Patient Information Sheet: [www.gov.bc.ca/pharmacare/palliativecarebenefitspatientinfo.pdf](http://www.gov.bc.ca/pharmacare/palliativecarebenefitspatientinfo.pdf) available in 13 languages at [www.gov.bc.ca/pharmacarepatientinfo](http://www.gov.bc.ca/pharmacarepatientinfo)
- Plan P formulary: [www.gov.bc.ca/pharmacare/PlanP](http://www.gov.bc.ca/pharmacare/PlanP)
- Approved supplies and equipment: [www.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/accountability/policy-and-standards/home-and-community-care-policy-manual](http://www.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/accountability/policy-and-standards/home-and-community-care-policy-manual)